



# State of California Auto Dismantlers Association 2017 MEMBERSHIP APPLICATION

Application Date: \_\_\_\_\_

Please make checks payable to "SCADA" and mail to 3550 Watt Avenue, Suite 140, Sacramento, CA 95821

**APPLICANT:**

**PLEASE ENTER APPLICANT CONTACT INFORMATION HERE:**

Business Name \_\_\_\_\_

Owner Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

CA Dismantler License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Description	Unit Price	Line Total
SCADA Annual Membership	\$1,065.00	\$1,065.00
Add: Up to 30 workers: 31 workers or more	Number of workers as of application date _____ x \$15 add \$1,486	15.00 _____
Add local chapter membership dues	Direct Membership Area – no local chapter at this time	0.00 0.00
<b>Subtotal</b>		_____
Add optional contribution to SCADA Political Action Committee (PAC) (\$50 recommended)	50.00	_____
<b>TOTAL DUE</b>		_____

**Method of Payment:**

\_\_\_ One payment:       Check (payable to State of California Auto Dismantlers Association)       Credit Card (Visa, MC or AmEx)

\_\_\_ Two payments (first half due now; balance due six months from payment due date listed above)  
                          Check (payable to State of California Auto Dismantlers Association)       Credit Card (Visa, MC or AmEx)

\_\_\_ Monthly Payments (automatic charge to your credit card on 1<sup>st</sup> of each month) Credit Card only (no checks)

Card Account Number \_\_\_\_\_ exp. date \_\_\_\_\_ code \_\_\_\_\_

Billing Address \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**Verification:**

I hereby certify that the above information is correct, and agree to forward any updated information immediately. I agree to comply with SCADA Bylaws, the Code of Ethics, and the rules, regulations and decisions of duly established committees of the association. I hereby authorize SCADA to communicate industry and other information to me via the fax number and email address above. I understand that dues and any other fees/assessments must be paid prior to published delinquency dates, and that expiration of my membership will result in termination of all member benefits, including participation in any programs for which membership is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ enter number of workers (everyone who is compensated)

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**Political Action Committee (PAC) Fund contribution:** Unless otherwise directed, \$20 of your membership dues each year will be contributed to SCADA's PAC Fund as a voluntary non-tax deductible contribution. If you do not want to support the SCADA PAC, please sign below. (Please note: your decision regarding contribution to the PAC will not change the amount of annual dues.)

I do not want \$20 of my dues forwarded to the SCADA PAC: \_\_\_\_\_  
(signature)

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Please note: Membership dues are not tax deductible as a charitable contribution, but may be deductible as a business expense. SCADA estimates that 39% of your 2017 dues are not deductible because of SCADA's lobbying activities on behalf of its members.

*Thank you for your support!*